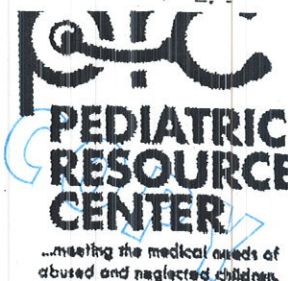


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Stephanie Johnson
Executive Director

Channing S. Petrak, MD
Medical Director

Date of Visit: 2/18/2015

Name: Madeline Kramer
Date of Birth: 1/20/2013

Referral Information: The initial request for evaluation was made by OSF Saint Francis Emergency Department on 2/13/2015. Madeline's mother had taken Madeline to the ED for evaluation due to concern that Madeline's vaginal opening looked larger than normal following a visit with her bio-father. A limited exam genital exam was performed in the ED due to poor cooperation. No abnormalities were noted on exam in the ED.

Madeline was previously evaluated by PRC in November 2013 after she was admitted to Children's Hospital of Illinois due to concerns of possible sexual abuse. Madeline's mother was concerned at that time because she thought Madeline's vaginal area was red, her vaginal opening appeared larger than normal, Madeline was masturbating, and because she had a dream where spirits told her that Madeline was being sexually abused during a diaper change. Madeline had a normal exam at that time, and reassurance about her concerns was provided to Madeline's mother at that time.

Past Medical History: Provided by Madeline's bio-mother. Madeline was born via vaginal delivery at full term. She is not immunized, and her mother reported her to be "immunization exempt". Madeline was reported to have been hospitalized at 10 months of age for concerns of possible sexual abuse (PRC evaluated during hospital stay).

Allergies: No known allergies.

Medications: None.

Additional Medical History: Provided by Madeline's mother. Kristin Lenover, PRC Case Coordinator, was present in the room during the history collection. I asked Madeline's mother to tell me about her concerns. Madeline's mother said that at 7 months of age, Madeline went to stay with her father and his family for one week, and during that stay, Madeline was left with strangers and her paternal grandparents. Madeline's mother said that when Madeline returned to her care, her vaginal area was so enlarged you could "see inside". Madeline's mother described Madeline to have brown-yellow vaginal discharge and said that her genital area was swollen and inflamed. Madeline's mother also said that Madeline was not acting normal at that time. She described that Madeline would just sit and play with her toys while keeping her legs crossed. Madeline's mother described Madeline to squeeze her diaper area, and said that she had to hold Madeline's legs to get her to stop.

When asked about her recent concerns, Madeline's mother said that Madeline will frequently put her hand in her pants, touch herself, have episodes where she "freaks out" and cries after visits with her father. Madeline's mother said that these symptoms dissipate after Madeline is back in her care.

Madeline's mother described Madeline's genital area to often appear red and "traumatized" after visits with her father. Madeline's mother reported that Madeline will frequently "push on herself down there". Madeline's mother said that she had friends who saw Madeline's behavior and genitalia after a visit with her father and agreed that something was not right. Madeline's mother said that Madeline's clitoris appeared red and swollen. Madeline's mother said that she has been "trying to rule out everything but the person". I asked her to explain this. Madeline's mother said that if Madeline's father was the one watching Madeline during a visit, then everything would look okay when Madeline returned, but that if Madeline's paternal grandmother was watching her, then Madeline's genital area would appear red, her "vagina hole" was bigger, and Madeline would be squeezing her diaper area. Madeline's mother said that she witnessed Madeline's paternal grandmother wiping Madeline so hard that she appeared to be smacking Madeline's genital area. Madeline's mother said that she was concerned because if Madeline's grandmother was willing to do that in front of her, what was Madeline's grandmother doing when she was not around. Madeline's mother said that Madeline's paternal grandmother is abusive and manipulative and says that Madeline's mother is creating problems where there are none. Madeline's mother commented that she did not know Madeline's father well when she became pregnant with Madeline.

Madeline's mother said that this past Thursday (2/12/2015), Madeline was with her father, and returned to her care that evening. Madeline's mother said that when Madeline returned from her father's, she thought the opening of Madeline's vagina looked "wide and you could see inside". Madeline's mother said that Madeline had been around her paternal grandmother during that visit. Madeline's mother said that other times after just being with her father when Madeline would return, Madeline's vaginal opening was a normal size and there was no redness in her vaginal area. Madeline's mother said that Madeline had not been around her paternal grandmother during those visits with her father.

Madeline's mother said that she has been keeping documentation of all her concerns, and of what she has been told by medical providers that have evaluated Madeline. Madeline's mother said that she has contacted DCFS, but that nothing happens. Madeline's mother said that she has not brought up her concerns during court custody hearings as of yet.

Exam: Present during the physical exam was Madeline's mother and Kristin Lenover, PRC.

Madeline's growth parameters appeared normal for her age.

On general exam, Madeline was a fairly clean, generally healthy appearing 2-year old female. Madeline clung to her mother, and was not very cooperative during her exam. Madeline was noted to have dry skin throughout her body. Her bilateral legs were erythematous with a macular rash noted (mom said pants were just washed in a new laundry detergent). When Madeline spoke, it was fairly intelligible and in 2-3 word phrases. The remainder of Madeline's general physical exam was normal.

Ano-genital exam: A detailed, external ano-genital exam was performed with the use of a colposcope. Supine position was used for exam. Madeline was noted to be Tanner Stage 1. Labial separation and labial traction were performed and revealed normal labia majora, labia minora, clitoral hood, peri-urethral area, urethra, peri-hymenal area, fossa navicularis, and posterior fourchette. The hymen was a fimbriated, pre-pubertal hymen. Smegma was noted in the folds of the labia. No vaginal discharge was noted. Exam of the perineum and anal areas was normal. An anal tag was noted at 10 o'clock supine.

Impressions:

1. Madeline was evaluated due to her mother's concern of possible sexual abuse. Madeline's mother expressed several concerns that she had about possible abuse to Madeline.
 - a. Madeline's mother said that she has been concerned about sexual abuse since Madeline was 7 months of age. Madeline's mother's most recent concern was that Madeline had an enlarged vaginal opening. The size of the vaginal opening is not indicative of sexual abuse. The size of the vaginal opening varies by person, age, and with the presence/absence of estrogen in the hymenal tissue. Positioning during exam of that area can make the hymenal opening appear different. I explained this to Madeline's mother. Madeline is at an age that her maternal estrogen stores are weaning, which I explained to Madeline's mother will continue to cause some changes in the appearance of Madeline's hymen, as well as increased sensitivity to her vaginal area.
 - b. Madeline's mother expressed concern about redness that she has noted in Madeline's genital area. Redness in the genitalia is not specific for sexual abuse. Vulvo-vaginitis is a common cause of redness in the genital area in young females. Factors such as hygiene changes, use of scented soaps/lotions, sitting in wet or soiled diaper for extended period of time, wearing tight clothing, etc. can all be contributing factors to developing vulvo-vaginitis. Increased sensitivity in the genital area also seems to correlate with fluctuations in maternal estrogen stores. This was explained to Madeline's mother, and a brochure on common causes of and ways to prevent vulvo-vaginitis was discussed in the written education provided.
 - c. Madeline's mother said that starting at 7 months of age following a visit with her father, Madeline would squeeze her legs and diaper area together. Although this behavior may have been a change from previous, it is not concerning. Madeline may do this because she gets some self-stimulation. This type of masturbation would fall into the spectrum of normal sexual behavior for a child her age.
 - d. Madeline's mother also reported that recently Madeline has been putting her hands in her pants and touching herself. This is a normal sexual behavior for Madeline's age. This was explained to Madeline's mother. I advised that as Madeline's parent, it is her responsibility to teach Madeline about being inappropriate to touch herself like that in front of others.
 - e. Madeline's mother reported concern because Madeline was reportedly having fits where she would scream and cry. Madeline's mother reported that these fits would occur after a visit with Madeline's father, and then decrease in frequency after Madeline is back in her care. Temper tantrums are a normal part of toddler development. It is not unusual to hear that Madeline has more fits after returning from her father's because Madeline has experienced a change from her usual routine when she goes from one parent's care/home to another. If the discipline that Madeline receives is different from one place to another, she may be testing her limits. Dealing with a child having temper tantrums can be stressful. It is best to remain consistent in discipline and not to cave into the child's wants just because they are throwing a fit. Madeline's parents should discuss their discipline methods and rules that they want set for Madeline together to help with consistency. Increased fits could also be a sign that Madeline is experiencing stress. That stress could be related to multiple issues including abuse; however, a child having tantrums/fits is not indicative of abuse.
 - f. Madeline's mother expressed concern that Madeline's paternal grandmother is rough when wiping Madeline's genital area. That could possibly contribute to redness that

Madeline has been reported to have in her genital area, but there are too many other possible factors that can cause redness to determine if there is a relationship to being wiped roughly or not. A conversation with Madeline's grandmother about proper hygiene techniques may be beneficial.

- g. Madeline had a normal ano-genital exam on 2/18/2015 at the PRC; this does not exclude the possibility of sexual abuse. A non-acute (greater than 72 hours later) exam following an incident of sexual abuse is normal 95% of the time.

i. Exams are normal most of the time following incidents of abuse. The nature of the type of sexual contact involved, and use or absence of force contribute to normal exams, as does the anatomy of the tissue in the genital area. The ano-genital area is an area of the body that does not easily injure, and when injured, heals quite rapidly, often without residual.

ii. When substantiating concerns of possible sexual abuse, the history provided by the child is of utmost importance. Madeline has not made any disclosure of abuse, which is expected given her young age and limited verbal ability.

Madeline's mother has listed several non-specific concerns.

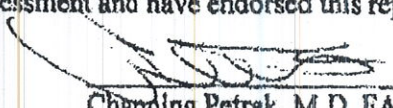
2. Madeline's mother expressed a great deal of anxiety about her daughter's safety. Due to the amount of hypervigilance she has, Madeline's mother may herself benefit from talking to a counselor.
3. Madeline was experiencing contact dermatitis on her legs thought to be related to a new laundry detergent. Avoidance of this new soap was recommended.
4. Madeline has not been vaccinated. Immunizations protect against many serious illnesses which can have lifelong repercussions, including possible death. Illinois is experiencing outbreaks of measles and pertussis, which leads me to recommend very strongly reconsideration of the decision not to have Madeline vaccinated.

Recommendations:

1. Needs to be in an environment where not at risk for sexual abuse.
2. Get immunized.
3. Avoid new laundry detergent.
4. Follow-up with primary care provider for routine childhood care.


Health Care Provider's Signature
3-20-15
Date

I have reviewed and approved Molly Hofmann's assessment and have endorsed this report.


Channing Petrak, M.D. FAAP
Medical Director